

PROFILE

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A Newsletter of Blue Cross and Blue Shield of Florida

August 3, 1987

Member Advisory Councils: BCBSF listens and responds

On less than a week's notice, representatives of group policy holders in Orlando and Fort Lauderdale met in June to discuss the provider incentive program created by Purchasing of Hospital Services. They said that BCBSF should wait until renewal time to make contract changes, and that the corporation should notify employers of any changes in their health insurance rather than communicate directly with their employees.

That information exchange is a good example of how Member Advisory Councils work as a two-way communication vehicle between BCBSF and subscribers, said Pat Fekula, manager of Member Advisory Councils.

MACs provide an opportunity for BCBSF to identify and evaluate subscriber attitudes, expectations and problems, and they help to assure subscriber understanding of the Florida Plan's policies, objectives and actions, Fekula said.

More than 200 MAC members throughout the state meet quarterly except during summers, when special meetings are held. Most of them represent group policy holders—providers of BCBSF services are ineligible for membership—who make decisions about their employee insurance coverage.

During the week of July 13, the Governmental and Legislative Relations Department invited Orlando and Tampa MAC members to workshops on employer mandated benefits and other personnel issues.

Earlier this year, MAC members in all nine MAC cities discussed the status of insurance issues being considered in the Legislature, and they offered community fund raising ideas for BCBSF's Olympic involvement. As a result of one of those sessions, a black-tie gala featuring the Fort Lauderdale Symphony will be held in December, with proceeds going toward BCBSF's \$55,000 fund raising goals.

Significant achievements of the three-year-old MAC program have included providing feedback on new products and redesign of Membership and Billing and Explanation of Benefit forms, Fekula said, noting that future topics for discussion will be claims, fraud abuse and AIDS.

The variety of MAC participants includes such employers as school boards, city governments, Volkswagen of America, Publix, Florida Farm Bureau, University of Miami, Biscayne Kennel Club, Seminole County Community College and the Orange County Public Library. Other MAC locations are Jacksonville, Gainesville/Ocala, Miami, Tallahassee, Pensacola and Lakeland.

"Besides being a catalyst for change within the corporation, the MAC program enables us to say to our customers, 'We hear you, and we're working on the answers,'" Fekula said.

Legislator urges opposition to state mandated benefits

Employers who want health insurance for their employees shouldn't be forced to accept state mandated benefits that increase premium costs, State Representative Art Grindle (R—Longwood) told employer representatives July 15 in Orlando.

During a conference sponsored by the National Association of Manufacturers, the veteran automobile dealer said that some mandated benefits may help people, but they increase usage of medical services and they raise premium costs.

Catherine Kelly, director of Governmental and Legislative Relations for BCBSF, introduced Grindle, saying he's been "persistent and diligent" in advocating employer interests by opposing mandated benefits.

More than 200,000 small businesses in Florida don't have group health insurance, which affects almost 700,000 employees, Grindle said. To help them afford insurance, he said, he sponsored a bill this year that would have allowed employees of more than one company to be insured as a single group if each company has 25 employees or less. For that size company, his bill also would allow HMOs to offer contracts that don't contain mandated benefits.

Instead, Grindle said, the Legislature approved a bill requiring review of current and proposed mandated benefits to determine their social and financial effects.

Grindle urged people to contact their state legislators to oppose mandated benefits.

Great response to "Born to Win;" all employees welcome to attend

Every Jacksonville employee is invited to attend the "Born to Win" self-enrichment program offered by Marketing Services. The next one-hour session is at 8 a.m. Wednesday, August 5 in Training Room 1.

Response has been great, as indicated by the growth from 21 persons in the first class to 99 in the second. The sessions are offered every other week.

Much of the July 22 class involved the idea that "paying the price" for success isn't as positive an outlook as "enjoying the price" one pays to succeed. The story of a family who imparted that to their cerebral palsy-ridden child, who developed "impossible" athletic abilities

and became president of a successful company, is an example of the motivational message contained in "Born to Win."

"Our problems pale in comparison with the adversity many happy, successful people overcome with determination and effort," said John Parsons, manager of Marketing Personnel Development. He emphasized that the program is open to everyone at all levels of the company, and that it's intended to help people feel better about themselves and lead happier, more productive lives.

The next session's topic is "Your Relationships With Others."

Customer Service

Service to emulate

"...**Irma Horner** (Customer Service Representative, Miami) has been so helpful in just one phone call, (more) than anyone else I have spoken to in the past. I only wish there would be more competent people in the world, but good help is very hard to find as you must know... She's quite a lady, hang on to her."

Someone who really cares

"...the claims...are slowly being resolved by Medicare and we have you (**Ingrid Goetz**, Field Service Representative, Fort Lauderdale) to thank for straightening this out with them...you are so pleasant to deal with, and it's a good feeling to know that there is someone in your organization that really cares and goes out of her way to help."

What we're about

"In a world where complaints and rudeness seem to be the norm, it is a refreshing feeling when one is not only treated with respect and professionalism, but with a genuine knowledge. I want to commend **Patty Boynt** (Customer Service Representative, Central Region Major Accounts) on her professional decorum and her willingness to assist me...I hope that more employees will follow her lead."

Plenty of praise to go around

Thirteen customer service representatives in Medicare B Telecommunications recently received praiseworthy letters—**Tammy Arnold** for being understanding, cooperative, helpful and professional with a pleasant attitude; **Jennie Magriplis** for her professional manner and for being knowledgeable, sincere and conscientious; **Twanna May** for giving an intelligent, understanding, courteous and helpful response beyond the normal limit of duty; **Sandy Thomas** for staying with a difficult problem and solving it effectively and considerately; and **Tonya Bacon**, **Angela Duggar**, **Patty Hill**, **Sunday Kato**, **Rachelle Norton**, **Ken Reese**, **Laurie Roberge**, **Kim Rutledge** and **Tammy Tuten** for being courteous, pleasant, patient, efficient and understanding.

Gainesville Health Options assumes HMO America accounts

In an agreement approved by the Department of Insurance, Gainesville Health Options has assumed the administration of seven commercial health care contracts of HMO America, which is withdrawing from the Gainesville market.

The state is notifying affected state employees that they can choose to become members of Gainesville Health Options or return to the standard state employee health care program by August 1.

"We have been working closely with HMO America and the Department of Insurance to ensure a smooth transition of benefits," said Don Walsh, executive director of Gainesville Health Options.

"Nearly all of the physicians who were part of HMO America's network are part of our physician network. The

range of benefits and the hospital affiliations of the two plans are also similar. We assumed the commercial contracts on July 1 and we are in the process of conducting meetings with employees of the affected groups to explain our program," Walsh said.

The commercial contracts are being assumed at the same premium rates, the same level of benefits, and through the same contract expiration date that were provided under the HMO America contracts.

Gainesville Health Options became operational last year and has more than 4,100 members. Its provider network includes 30 primary care physicians and more than 450 specialists, including 300 University of Florida health center specialists.

BCBS NEWS

Catastrophic proposals pending before Congress would improve health coverage for some elderly, but they would leave "significant gaps," such as the cost of nursing home care, which accounts for "over 81 percent" of elderly expenses, the General Accounting Office reported. The GAO reviewed 14 proposals to expand Medicare coverage by limiting beneficiaries' out-of-pocket spending on Medicare-covered services.

"Most of the proposals would apply catastrophic dollar limits only to physician services and hospital care, which account for about 27 percent of the out-of-pocket costs incurred by the elderly," the report said. Most of the proposals provide limited protection for nursing home and home health care for chronic conditions (the major source of out-of-pocket expenses). They exclude out-of-pocket expenditures for physician charges above the Medicare-approved payment, and for services not covered by Medicare.

We provide superior service to our customers when...

4. We are convenient to our customers

We provide access to our products and services at our customers' convenience and ensure that all interactions with our customers are perceived by them to be positive, personalized and simple.



Medicare B claims pass million mark from the Medicare EMC Area

For the first time, Medicare B EMC receipts have exceeded the one million mark. Almost 43 percent of all claims are now processed over the Electronic Media Claims network.

During the past year, the EMC area has continued to grow as increasing numbers of providers and suppliers have turned to automated claims instead of paper claims submission. Receipts have hovered around a million during the past three months (April – 1,052,302, May – 949,164, June – 966,632).

The EMC area consists of the Suspense Unit, which is responsible for finalizing claims that suspend to be worked, and the Support area, which provides customer service and other support activities to our valued EMC providers and suppliers.

Pictured are the EMC Support group (*kneeling, l-r*)—Wilma Struhar, Deloris H. Robinson, Shirley Taylor, Nona B. Collins, Kim Sheppard, Sissy Browning and Supervisor Debbie Rigdon; and the EMC Claims group—(*second row*) Velma Hicks, Donna M. Faulk-Massaline, Alice C. Ballard, Judi Davis, Maria Vazquez, Mary McClain and Sharon Garey.

(*third row*) Pamela Hodges, Loretta Bennett, Debra Stephens, Amie Jasinski, Voncretia McRoy, Kara Lane, (*fourth row*) Supervisor Doug Kinder, Mike Kelly, Francina James, Charlie Lightfoot, Arvellia Peterson, Jennifer Canfield, Judy Cohen and Manager Jim Gray.

Not pictured are Kathi Hammond (Support) and Mary Smith, Deborah Beechum, Carolyn Moultrie, Debbie Johnson and Pat Little (Claims).

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Frank Dorman, Editor
Printing, Corporate Print Shop

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Competitor Report

Equicor

from the Marketing Research Department

One of our Plan's newest competitors is the result of a joint venture between Hospital Corporation of America (HCA) and The Equitable Life Assurance Society of the United States. To form Equicor in October 1986, each company contributed all of its current health insurance business, PPOs and HMOs.

Equicor appears to be an extension

of The Equitable, which contributed many of Equicor's key officials. So far, HCA has shown little interest in or influence on Equicor.

Currently lacking a large local presence in Florida, Equicor's recent purchase of Tampa Bay Health Plan, an HMO, has helped to increase its market share.

Equicor now has only one county operational in their PPO—Dade—and four counties operational in an HMO—Hillsborough, Pasco, Pinellas and Palm Beach (through Tampa Bay Health Plan).

Equicor should be able to develop extensive provider networks through HCA hospitals and Equitable's current

networks. Once acquired, this could cover 29 counties. The development of this network may be slow, as Equicor must negotiate with each HCA hospital. Also, expansion of current HMO networks will require resources that may be limited.

BCBSF's provider network is significantly more extensive than Equicor's. The newcomer won't catch up soon, or it may not even try; instead, it may select only a few areas to target.

Possible target markets for Equicor include the Tampa-St. Petersburg area, West Palm Beach, and the Fort Lauderdale and Miami areas, where networks of some type already exist or where numerous HCA hospitals are located.

SERVICE ANNIVERSARIES

20 YEARS

Sandra Jones
Medicare B
Communications

Margaret Jolley
Telemarketing –
Inbound WATS

15 YEARS

Carol Reid
Management Systems

Wilma Ketchel
Medicare B
Communications

Sharon Manly
Sales Administration
Contract Compliance

10 YEARS

Richard Austin
Major Accounts

Sharon Cotten
Medicare B Claims
Examining

Joanne Paulin
State Group Claims

5 YEARS

Hilda McLaughlin
HOI MIS

Judith Discenza
VP Actuary

Markus Mueller
Health Options of
Jacksonville

Diane Coleman
Health Options of
Central Florida

Georgia James
Telemarketing –
Outbound Sales

PROMOTIONS

Cary Britt
Supervisor
Branch Audit PARD
Tampa Branch Audit

Vicki Dailey
Micrographics Processing
Clerk
Filming – Com &
Quality Control

Deanna Fields
Claims Examiner
Blue Shield EOMB
Unit II

TRANSFERS

Cindi Rice
Field Group Specialist
National Accounts Sales
& Admin

NEW EMPLOYEES

Wade Barlow
Supervisor Special
Claims
Comprehensive Claims
Unit II

Rosa Basoa
Customer Service
Representative
Health Options of
South Florida

Christine Bibey
HIS Customer Service
Representative
Field Services –
Fort Lauderdale

Bonnie Black
Supervisor
Medicare B
Communications

Charles Brown
Account Executive HMO
Health Options of
Central Florida

Christopher Bunn
Internal Auditor II EDP
Internal Audit

Frederic Buttner III
Clerk B
Medicare B Mail
Operations

Marta Diaz
Claims Examiner B
Health Options of
South Florida

Daren Donovan
Clerk B
Medicare B Mail
Operations

Patricia Fernandez
Clerk E
Health Options of
South Florida

Kelli Futch
Customer Service
Representative
ASP State Group
Correspondence

Janet Jackson
Secretary A
Written Communications

Dinorah Martinez
Customer Service
Representative
Health Options of
South Florida

Maria Moya
Secretary B
Health Options of
South Florida

Laura Noble
Telecommunications
Specialist
Telecommunications

Julie Pitman
Accounting Clerk C
General Accounting

Tracy Thompson
Clerk Typist A
PAR Administration

Regina White
Secretary B
Health Options
of Sarasota